Colorado Counselor Corps Grant Program
Development Year Grantee Report
2020-2021



Due:

July 31, 2021

Please email completed reports to:

School Counselor Corps Grant Program Team,

schoolcounselorcorps@cde.state.co.us

Early submissions are encouraged.

**Narrative**

1. What are your School Counseling Program Vision and Mission Statements?
2. Please outline your district and school needs assessment(s), process, and findings.
3. Please outline your district and school environmental scan, process, and findings.
4. What are the three to five root causes your program plans to address over the next

three years of the grant, (utilizing Counselor Corps Grant Program funds)?

1. List SMART Goals (no more than four) for the remainder of the grant cycle.

Please use attached SMART Goal Worksheet.

1. What are the appropriate interventions you plan to implement to address your district and **school identified needs, root causes, and goals**?
2. How do these identified interventions relate to your initial grant proposal?
Were your needs enhanced or changed by the development year process?
If so, how?
3. Please list the school leaders and licensed school counselors participating in the grant’s development year process and their role in the district.
4. How can the developmental year of the Counselor Corps Grant be enhanced
for future grant recipients?
5. How many licensed school counselors are currently in each of your funded schools and what is your student population in each of your funded schools.

**Provide the following:**

**Budget**

Please develop a School Counselor Corps Grant budget to submit with this report.

Authorized Activities can be found at: <http://www.cde.state.co.us/postsecondary/scc_resources>

Also include an additional two (2) prioritized budget options with your
end-of-year report in the event that an original, proposed expense does not occur.
 *Please note: the creation of three budgets is an exercise for you to prepare for*

 *budget revisions. Budget revisions continue to adhere to the terms conditions of*

 *the grant award and in cooperation with the Grants Fiscal Management office at CDE.*

**Contact Information**

Please list District and School level SCCGP contact information. Include fiscal contact,

grant contact, and School Counselors that should receive communication regarding the

SCCGP using the format below.

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| --- | --- | --- | --- |
| **Name** | **Title** | **Email** | **Phone** |
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